

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

FILED
Sep 18, 2008 08:00 AM
Secretary of State

DOCUMENT # A94000001002
 1 Entity Name
 WEST BRICKELL APARTMENTS, LTD



Principal Place of Business Mailing Address
 315 S BISCAYNE BLVD 315 S BISCAYNE BLVD
 3RD FL 3RD FL
 MIAMI, FL 33145 MIAMI, FL 33145



2 Principal Place of Business - No PO Box # 3. Mailing Address
 Suite, Apt # etc Suite, Apt #, etc

07162008 Cfg-LP CR2E003 (12/06)

City & State City & State

4 FEI Number Applied For
 65-0941544 Not Applicable

Zip Country Zip Country

5 Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LEWIS, LYNN B
 1390 BRICKELL AVE, STE 280
 MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name
 Street Address (P O Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$900.00
On or after September 12, 2008, Fee will be \$1000.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12 GENERAL PARTNER INFORMATION	
DOCUMENT #	748683
NAME	NEW WORLD CENTER FOUNDATION, INC
STREET ADDRESS	25 S E 2ND AVENUE, SUITE 828
CITY-ST-ZIP	MIAMI, FL 33131
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	U0000009598889
CITY-ST-ZIP	09/18/08-80004-010 908.75
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ DATE: 7/31/08 DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STATE OF FLORIDA